Schools of Medicine Allied Health Sciences Graduate Studies Nursing Dentistry

Medical College of Georgia
Fall, 1974 Volume 4, Number 2

MCG Today

MCG Students
Who Are They?

see page 4

Behind the Lines

Friends and endowment—both are of great value—friends are for life and endowment is for all time to come.

It has been my experience that many gains of a financial campaign, especially the first one for an institution, results in much more than money.

Such has been the case in MCG's thrust for $3,000,000.00 in the Sesquicentennial Endowment Campaign.

As a result of our effort to date I believe MCG has more firm friends and more assurance of future support than ever before in its history. A nucleus of loyal alumni has given generously and can be counted on as the spearhead of change, growth and progress in MCG's future.

Now, a group of Georgia's most important businessmen and women have said, in essence, we are willing to take the time from our demanding schedules and lend support to health care education.

There can be no replacement for what these leaders will bring to MCG. Their understanding of the needs of their communities and their keen insight into how problems can be solved will bring a broadened vision to our campus. And, they can interpret the programs and needs of MCG to many others.

The outstanding Georgia citizens who have accepted President Moretz's invitation to serve on the newly established President's Advisory Council are: Gerry H. Achenbach, president of Piggly Wiggly Southern, Inc., Vidalia; Claude H. Booker, Jr., president, First National Bank & Trust Co., Augusta; Bennett A. Brown, president of the Citizens and Southern Holding Co., Atlanta; Mrs. Clarence C. Butler of Columbus; John H. Cheatham, Jr., vice president of Dundee Mills, Griffin; B. Frank Coggins, Jr., president, Coggins Granite Industries, Inc., Elberton; Jasper N. Dorsey, vice president, Southern Bell Telephone and Telegraph Co., Atlanta; Edwin I. Hatch, president, Georgia Power Co., Atlanta; Dr. Waights G. Henry, Jr., president, LaGrange College, LaGrange; Grover C. Maxwell, Augusta; T. H. Milner, Jr., chairman of the board, First National Bank, Athens; and William H. Morris, III, president and publisher, Morris Communication Corporation, Augusta.

Bryce H. Newman, executive vice president, Citizens & Southern National Bank, Augusta; John T. Phillips, Jr., president, Lilliston Corporation, Albany; William A. Pope, Pope Oil Corporation, Washington; Charles B. Presley, chairman of the board, Georgia Railroad Bank & Trust Co., Augusta; Former Gov. Carl E. Sanders, attorney, Troutman, Sanders, Lockerman & Ashmore, Atlanta; Kohn T. Sanders, vice president, Citizens Federal Savings & Loan Assoc., Rome; Representative Robert G. Stephens, 10th District, Georgia; Mrs. William Parks Stevens, Macon; Mrs. Jeannette Maxwell Vallotton, Augusta; Ben F. Wardlow, Wardlow Chevrolet Co., Waynesboro; Gibb H. Watts, president, The First National Bank of Dalton; and James B. Williams, president, Trust Company of Georgia Assoc., Atlanta.

The first meeting of this group took place on campus on September 24. Mr. Gerry Achenbach was elected Chairman, Mrs. Clarence C. Butler was elected Vice-Chairwoman and Mr. James C. Austin, Executive Secretary. A more complete report on this meeting including photographs and excerpts from some of their letters will be in the next *MCG Today*.

—JCA

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MCG Students--Who Are They?

Medical College of Georgia students are a very diverse group spread across five schools.

In an effort to present today's MCG student to the alumni, we have gone to statistics and generalizations.

The following stories are meant to help you understand better who is studying at MCG and something of the Division of Student Affairs which works so closely with the students.

MCG remains small enough that each of its students remains known to departmental chairman and most of them to the deans. However, as a group, they do show many similar characteristics.

These stories stress the conformity rather than the diversity of each of the more than 2,500 students.

50%

Married

65%

Have Student Aid

6.5%

Black

45%

Female

The Division of Student Affairs

The Division of Student Affairs is that administrative unit which interacts with the MCG student from application to graduation to transcripts.

Within the division is recruitment, admission, registration, financial aid, housing, recreation, student government, grades, organizations, veterans benefits and other areas.

It is an area of constant contact with the general public and students. During 1973-74, the division had over 34,000 telephone calls, approximately 11,000 visitors and answered 35,000 letters.

There were 3,620 applications to process and housing was provided for 500 students.

As students increase in numbers, and more planning is provided, the Student Center has seen 35% more useage and there were 350 extra-curricular activities during the past school year.

In public service, the division provides campus tours for schools as the need arises, there are three seminars of a week each during the summer for high school counselors, and one day conferences are held in the Fall for health professional advisors from junior and senior colleges. Both of the latter have proven quite successful according to Ms. Jennie Loudermilk, coordinator of admissions.

Admissions counselors visited 16 colleges, 14 junior colleges, 20 career day fairs, 11 counselor workshops, counseled individually with approximately 2,150 prospective applicants and parents and conferred with 525 high school and college counselors.

This work has brought about a 50% increase in applications and a much broader understanding of MCG and its programs.

One special program, MEDIHC (Military Education Directed Into Health Care) was administered at MCG for Georgia with 812 placement applications from discharged military veterans handled. An 81% success ratio was realized.

Students are self-governing and administer the Student Activity fee. The Student Government has been instrumental in helping get the lighted tennis courts, handball court, a soccer field and other recreational facilities and programs set up.

"It is our purpose to provide opportunities for the personal development of students and to provide them services which will assist them in the pursuit of their education," Dr. Puryear stated. □

Dollar "Squeeze" Hits Student Aid

It took over $2.5 million last year to insure the medical education of 65% of the students at MCG.

As the need for this type financing grows, the Office of Financial Aid finds itself caught in an economic squeeze brought on by inflation, tight bank money, and a growing reluctance on the part of government to provide aid in its present form.

David Johnson, director of the office, said, "We met most of the needs for the coming school year with the exception of some students who are now seeking assistance from private sources." MCG has been able to again state that it has not lost an accepted medical student on the basis of financial need. Mr. Johnson feels the continuation of such a record will depend upon an increase in private support to scholarship and loan funds and to a loosening of private sources of money for loans.

His worry, however, is the future and he calls the next few years "a watershed time" in financial aid for education with definite indications of changing trends—especially in the federal programs.

"We must start getting increased private support in order to offset our very large dependence upon federal aid—aid which is always, and especially now, tenuous."

Sources of the $2,620,000 in financial aid for 1,240 students last year were 24% from federal agencies, 22% from the State, 20% from private sources, 9% from the MCG Foundation, Inc., 17% military programs, and 8% from MCG employment.

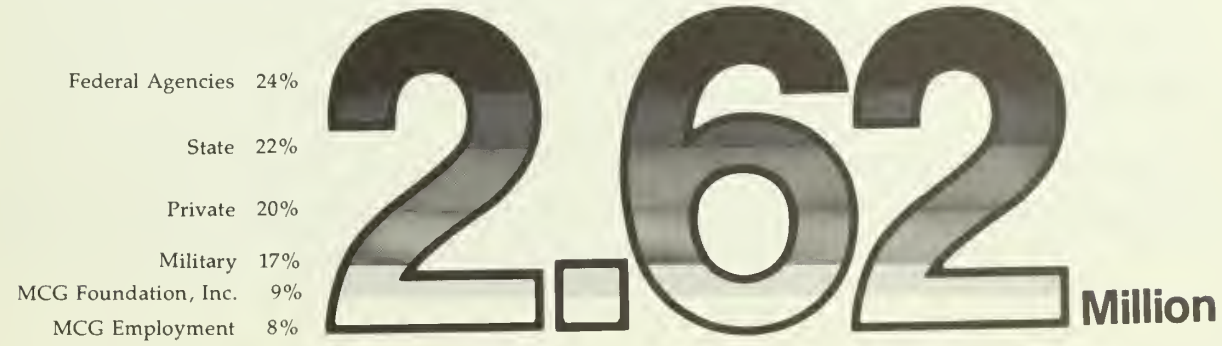
Of the total granted, 75% was made on the basis of demonstrated need. Some scholarships, military aid, etc. are not based on financial need alone.

Mr. Johnson defines financial need as "the total cost of education per year (including both direct academic expenses and living costs) minus the student's resources." Student resources include summer job earnings, parental contributions, spouse employment (if married), and non-college aid received.

A comprehensive application allows students to request aid from all sources the College administers directly. Additionally, students complete a comprehensive financial statement which is analyzed by the College Scholarship Service. This Service is used by most of the nation's universities and is considered to be a scientific, fair method of evaluation of need. This analysis is received by the College for whatever final action seems justified.

The Financial Aid Office administered 646 scholarships at $1,248,536; 876 loans at $1,030,197; 28 work-study plans at $17,202; 329 assistantships at $290,696; and, 10 fellowships at $34,017 in the 1973-74 school year. Of this $1,490,355 was non-institutional assistance coming from sources such as the armed forces scholarships, State Medical Education Board, Ty Cobb Foundation, American Fund for Dental Education and others.

One of the programs in which Mr. Johnson takes pride is the emergency loan fund for students who must face unforeseen problems such as delayed checks, sudden family emergencies, etc. The short-term (60 to 90 day loans) were made to 259 students and amounted to $86,800. Original source of this money is the Robert C. White Memorial Fund and the Virginia Dawkins Loan Fund. □



MCG Students--Who Are They?

Medical Students

The typical MCG medical student is a white male resident of Georgia who was educated at one of Georgia's colleges or universities.

He was 21 when he entered Medical College, and will be 25 when he is graduated from MCG. And, there is a 50 per cent chance that he was married shortly before entering MCG or during his years at the school.

There is a 65 per cent chance that he is receiving financial aid of some type throughout his four years.

When he considers the position which is his, it is a little frightening. Nine other intelligent and academically well qualified students desired to be where he is. There were 1,585 applicants for the 180 positions open in 1974. Of these 180 positions, 175 were filled from 646 applicants from Georgians and five were filled from 939 applicants from non-residents of the State.

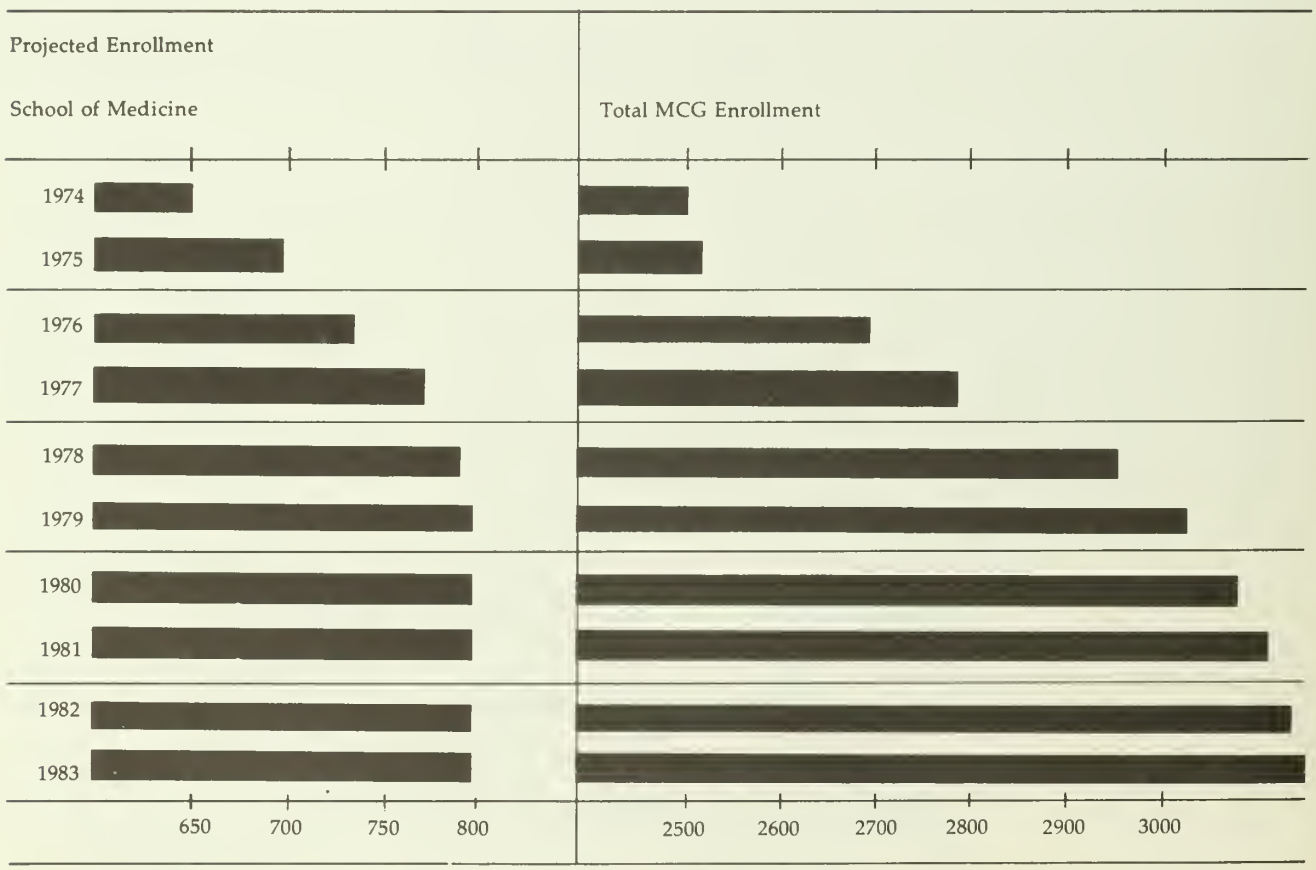
To gain his coveted slot, our typical student earned a 3.5 grade point average in college, scored 550 on the Medical College Amission Test, and displayed great acceptability as a future physician through appearance, expression, motivation, experience in work, extracurricular activities and other qualifications.

He was, perhaps, surprised to find that he pays only nine per cent of his medical education cost. Taxpayers pay the other 91 per cent or an average of $48,000 (today's supplement) per student over four years.

What did not surprise him, nor seems to disturb him, is the rapidly changing profile of his classmates. The once totally white male enrollment is now blended with 64 female students and with 29 black students. Of the black students four are female.

He will find that only five per cent of his black classmates come from families whose income was $10,000 or more annually. (This percentage is for all 154 black students across the five schools.)

Because statistics do not tell the entire story of who students are, MCG has administered tests to incoming freshmen in an effort to



gain some insight into their personal values.

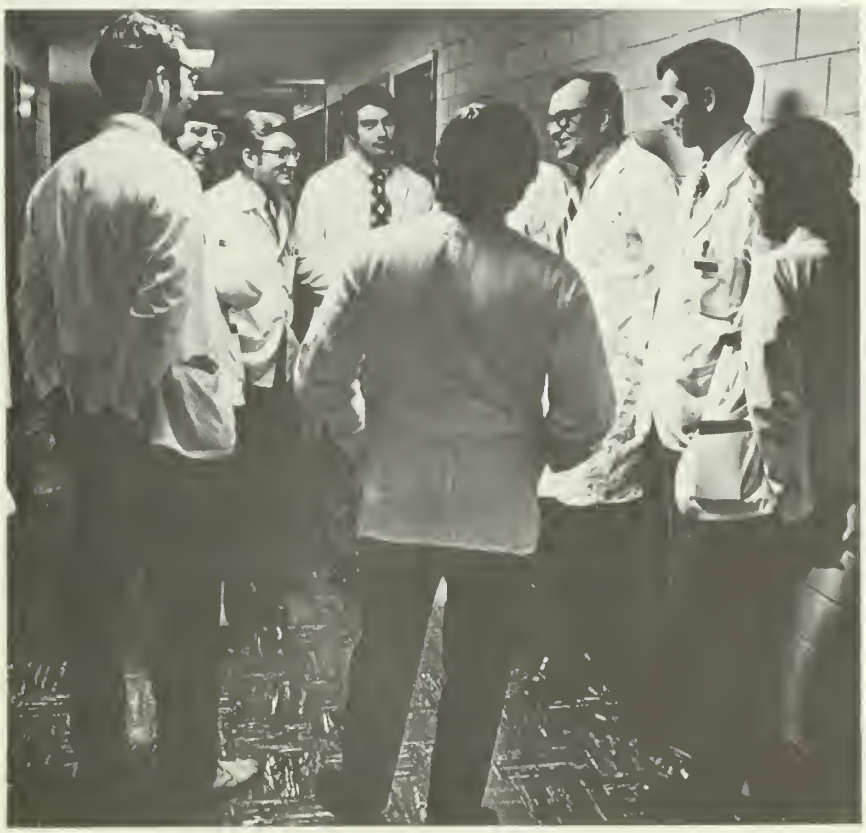
Students of the Classes 1974 and 1975 agreed to take tests as freshmen indicating their personal values. These tests, administered by the Division of Education Research and Development, indicated MCG students were very closely aligned with medical students across the nation in values.

The Classes of 1974 and 1975 had the **Study of Values** made in order to measure relative strength of six basic aspects of personality. These measures do not possess the ability to indicate intensity of absolute strength of values. The basic aspects were theoretical, economic, aesthetic, social, political, and religious. These were developed using Edward Spranger's, **Types of Men,** in which the view is projected that men can most clearly be seen through a study of their values.

It is important to know that a high score on one value will cause a corresponding reduction of the scores on one or more of the other values. A total of 240 points are allocated over the six values with a hypothetical average of 40 assigned to each value.

The Class of 1975 ranked **theoretical** first. Briefly, this would be a man who seeks to discover truth through the thought processes by means of observation and reason. He is an intellectual by nature and his basic aim in life is to order and systematize knowledge.

Political was ranked second. This is a man who values power above all other attributes. His activities are not limited to politics. Leaders in all fields generally have high power value.



Social was third. This man's highest value is the love of people in a helpful, philanthropic, or altruistic way.

Economics ranked fourth. This man is basically interested in what is useful and practical. The accumulation of wealth and material things are of great importance while unapplied knowledge is considered a waste.

Aesthetics placed fifth. This man places highest value on form and harmony. He is interested in people as individuals but not necessarily in their welfare.

Sixth was **religious** man. This man is characterized by having a primary interest in unity. He is mystical and seeks to understand the universe as a whole, while relating himself to its totality. It is important to realize this is a philosophic rather than a practicing concept of religion.

The Class of 1974 varied only in that economic values were placed third and social valued fourth.

Nationally these comparisons can be made of students given the same test: 1,000 senior medical students agreed with the MCG students top two values (theoretical and political) but placed aesthetic and religious values third and fourth with economics fifth and social sixth.

A comparison is available for those readers who might wonder if these personal values change significantly following graduation and after years of practice. This single study would indicate there is no significant pattern change.

The 1935-45 graduates of Case Western Reserve Medical School placed theoretical first, aesthetic second, political third, economics fourth, social fifth and religious sixth.□

Allied Health Sciences Students

Once upon a time there was a typical Allied Health student. She was 20 years of age, white, a resident of Georgia with two years of college seeking to earn a B.S. degree in one of eight fields of study at MCG.

This remains basically true in many departments of the School but change is coming fast. The Physician's Assistants program has 34 males and 10 females; Radiologic Technology has 20 males and 20 females; and, Medical Illustration has 5 males and 11 females. Overall, the School's enrollment is close to being 40% male.

Competition for positions in the departments is growing with a 10% increase in applications and enrollment restrictions due to space and facilities limitations.

There were 610 applications for the 290 positions open in Allied Health at MCG in 1973. Competition for the Physical Therapy and Physician's Assistants programs is as fierce as that for Medicine or Dentistry.

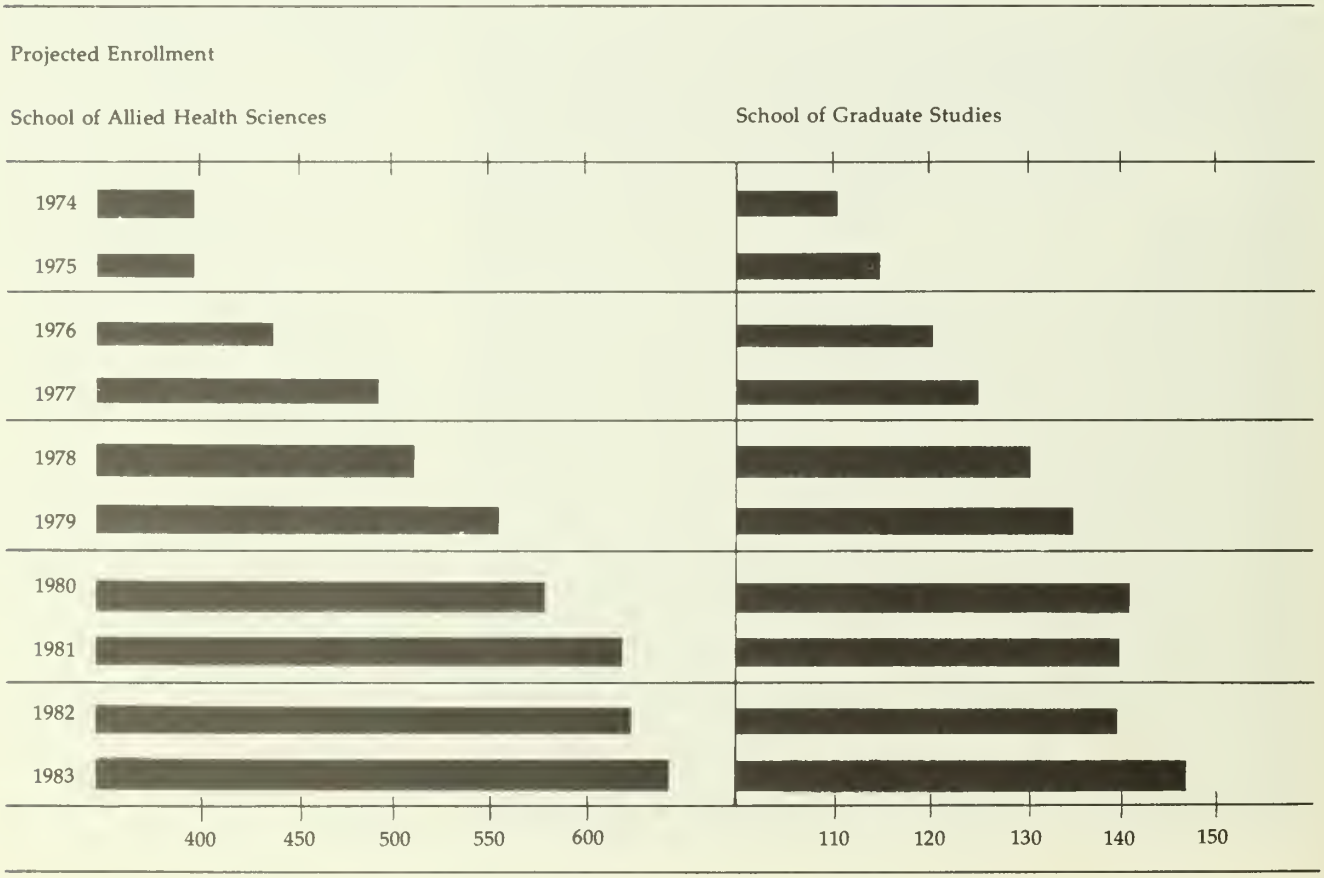
An example is Physical Therapy where 151 applications were processed in order to fill 26 places in the entering junior class. The Georgia resident had a 1 in 6 chance of admission, and the out-of-state student a 1 in 15 chance. A profile of the 26 admitted revealed a 3.3 grade point average, and 1174 on the CEED/SAT test. Demands on this department are partially the result of so few degree Physical Therapy programs in the Southeast.

One out of every five students who applies for the Physician's Assistants program is accepted. These are often students with prior medical experience in the military, nursing, or other fields.

There were 15 blacks in the school in 1973-74 with four in Radiologic Technology; three each in Medical Technology and Physician's Assistants; two each in Medical Record Administration and Physical Therapy; and, one in Dental Hygiene.

Enrollment increases are expected to continue in existing programs, and new programs planned by the Fall of 1975 are Respiratory Therapy, Dental Lab Technician, and Physical Therapy Assistant.

The typical Allied Health student pays 15% of total academic cost with the State paying the remaining 85%. Each departmental cost estimate varies due to equipment, books, uniforms, supplies, travel, etc. However, between $2,500 and $3,000 is the estimate for academic and living expenses per year for the average, single student. □



Graduate Students

The most diverse MCG student enrollment is found in the School of Graduate Studies.

A profile of students coming for the first time in 1974 is just that. Each incoming group is very diverse with characteristics which vary far more than those of the other four Schools.

For the entering students of 1974 statistics label the typical graduate student as a white male, 27 years of age, who is not a resident of Georgia and quite likely not a graduate of a Georgia college or university.

Chances are he has attended at least two schools of higher learning and has done graduate work beyond the BS degree before being admitted to MCG. It is likely that he is here to study with a particular scholar and noted expert in a certain field of biological sciences.

Odds are slightly in favor of him being single and greatly against him having a female or a black classmate.

The entering students have only eight females among them and no blacks, although there are three black students in total Graduate School enrollment.

Their interest or major fields are as diverse as their backgrounds and the opportunities which await them following successful completion of work toward a graduate degree at MCG are wide ranging.

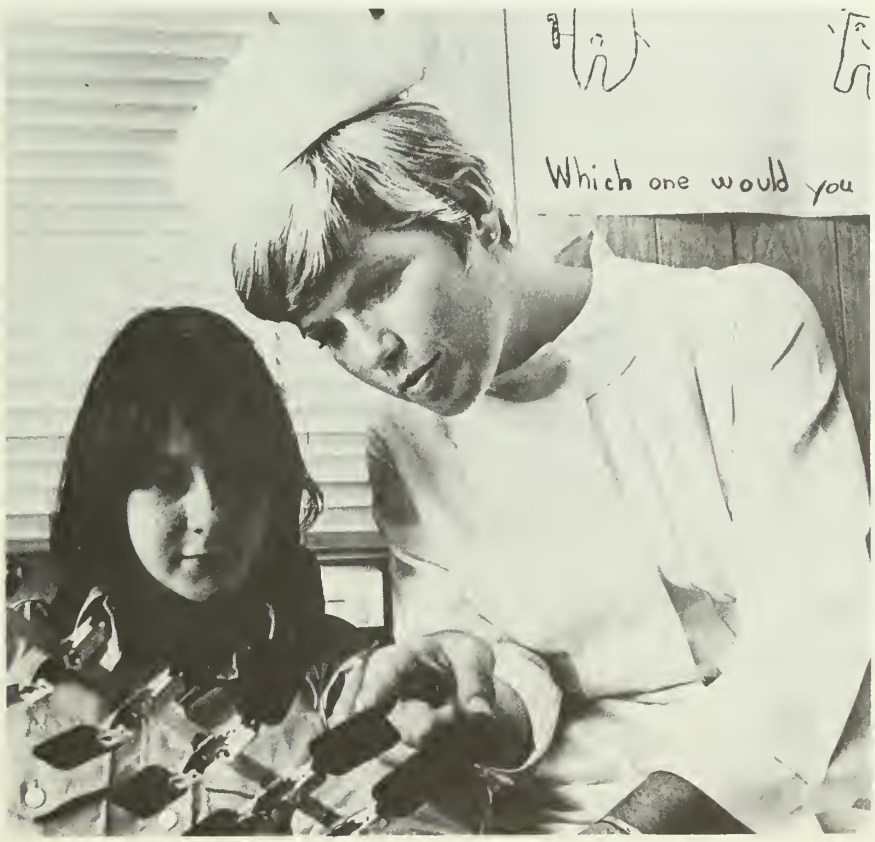
Incoming 1974 students range in ages from 22 to 50 with only five of the group being 30 or over in age. Eight are from Georgia and the remainder are from places like Michigan, Wisconsin, Missouri, Taiwan, Alabama, Florida, South Carolina, Connecticut, North Carolina and Egypt.

They attended college at Western Michigan, University of Wisconsin, University of Georgia, Emory, MCG, Stetson, Furman, Georgia Tech, Dickinson, Penn State, Auburn, Oglethorpe, Augusta College, University of Tennessee, Brandeis, Queens, Hunter, National Taiwan University, South Dakota University, Fairfield, George Washington University, St. Louis University, University of Bridgeport, Bucknell, University of S.C., University of N.C. and others.

Most of the students have expressed interest in microbiology, medical illustration, biochemistry, anatomy and physiology.

The fabric of the school is woven throughout that of the other four schools and it is thereby difficult to label a cost figure or quote a state supplement as it relates to the school. Most of the school's faculty holds joint appointments in one or more of the other four schools and much of the research is interwoven with the budgets and grants of other schools.

However, fulltime graduate students who are residents of Georgia pay $145 tuition per quarter, plus fees, books, supplies and equipment. An out-of-state student pays $240 per quarter tuition. □



Nursing Students

An MCG nursing student is a member of the fastest growing School at the College. Enrollment in the School of Nursing is peaking at 1,000 and now is expected to level off.

The typical undergraduate nurse is a white, female educated in a Georgia high school and seeking to earn the B.S. degree.

She had to do well on the Scholastic Aptitude test but also had to satisfy specific entry requirements of chemistry, physics and other sciences.

She is single, approximately 18 years of age and there is a 65 percent chance that she is receiving some sort of financial aid.

The characteristic nurse at MCG is paying 16 percent of her educational costs with Georgia taxpayers picking up the tab on the remaining 84 percent. She pays a higher percentage of her educational cost than students in MCG's other four Schools.

Her tuition and fees are $495 for the nine month school year and her average annual cost, including food, housing, laundry, tuition and fees, etc. run approximately $2,000 a year.

Most of her science courses now are taken at MCG but she continues to take liberal arts courses on the campus of Augusta College.

She is part of a School of Nursing which is not only growing but changing quite rapidly and remaining flexible in the light of annual changes in the demands upon health care professionals.

The once totally female world of nursing has changed at MCG with 27 males registering in 1973.

More blacks (93) were enrolled in nursing than in any other school at the college. Of these, eight were males.

In 1973 there were 913 individuals enrolled in undergraduate courses of the nursing program but not all were enrolled in any given quarter. Of these 841 were regularly admitted to the BSN program, the remaining 72 were special, non-degree candidates.

The fall quarter breakdown was 716 students enrolled with 645 being residents of Georgia, 71 from out-of-state and one from a foreign nation. Fifty of these were veterans of military service and 256 were part-time.

The School of Nursing Graduate program attracted 154 individuals during 1973-74 with 141 of these admitted to the MSN program and the remainder enrolled in selected non-nursing courses offered through the school.

Of the 71 graduate students enrolled in the fall of 1973 there were 61 women, 10 men, nine nonwhites and, of these, 54 were residents of Georgia.

The typical student is one of many striving to improve Georgia's quantitative and qualitative shortages in nurses. In 1973 there were 278 RN's to each 100,000 Georgia residents with these broken down to a mix of 87.8 percent associate degree and diploma graduates, 8.7 percent BSN and 3.5 percent master's degree and above.

The American Nurses Association for 1975 recommends a mix of 60 percent associate degree and diploma, 28 percent BSN graduates and 12 percent master's and above.

Should Georgia meet these recommendations of active RN's for 1975 there will be a need to have 4,180 BSN's practicing and 1,790 RN's with advanced degrees beyond the BSN. Two of the most pressing needs are for public health nurses with the BSN and for faculty members qualified with MS or doctoral degrees. □

Dentistry Students

The profile of a typical MCG dental student is almost an echo of that stated about the medical student.

Like his counterpart in the School of Medicine, the dental student is a white male resident of Georgia educated at one of the State's colleges and universities.

He is probably receiving financial aid of some type and there is a 50 per cent chance that he is married and that his wife is working.

He, like the medical student, pays nine per cent of his educational cost with the taxpayer paying the other 91 per cent.

His education percentage-wise, cost more that the medical student's. The State supplements approximately $20,000 annually per student and $60,000 over a three year period compared to $48,000 over four years for the medical student.

The dental student has a major cost factor his freshman year which is not faced by students in any other school at MCG. He must purchase approximately $4,000 worth of equipment, books and supplies.

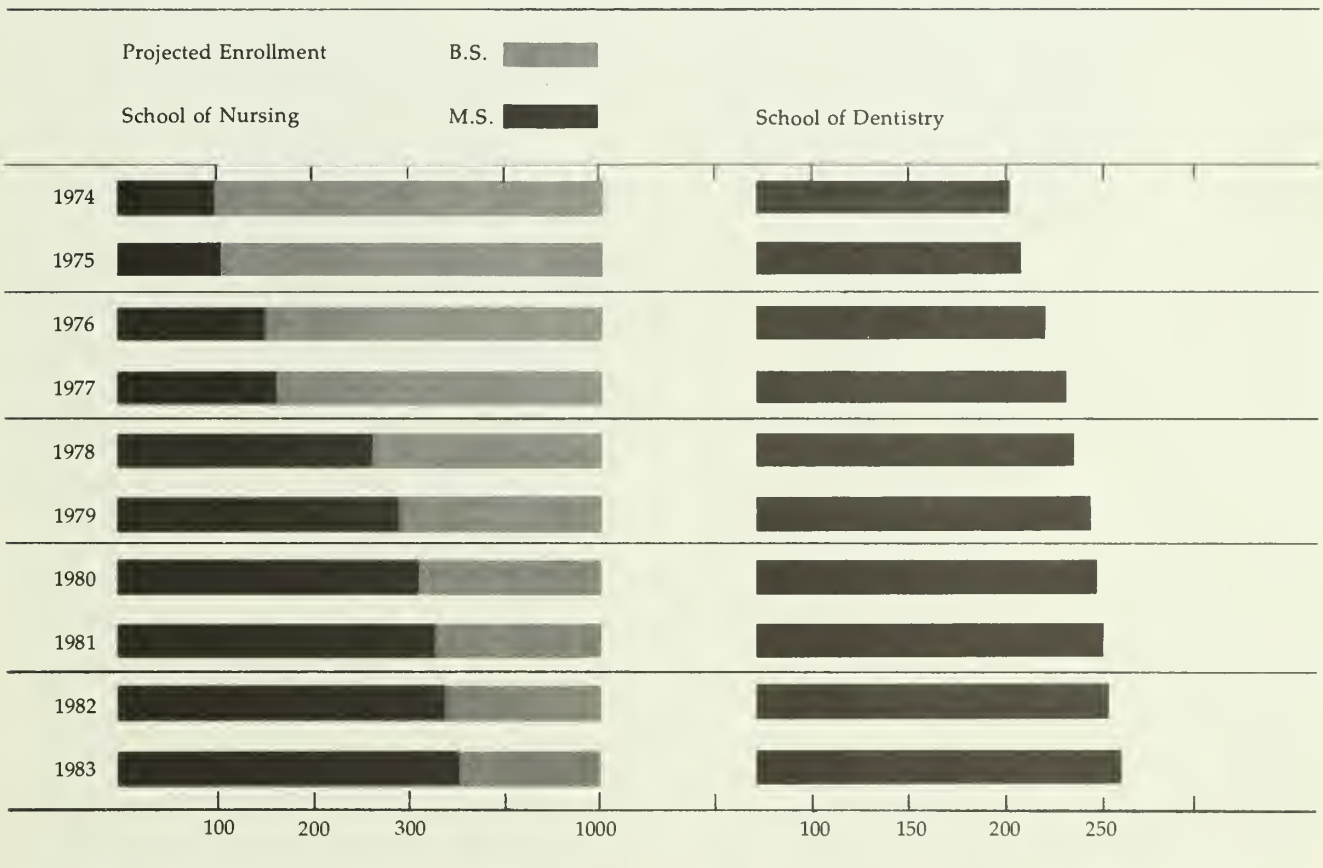
On the average he is older than students in all schools at MCG except the graduate school. He enters at an average age of 25.

To gain admission he earned a 3.3 grade point average, and scored five on both the academic and the manual phases of the Dental Aptitude test. His acceptance was also based on careful study of his background and on personal interviews with members of the faculty and administration.

There were seven other applicants for the position he earned. Of 256 applications from Georgians, 55 were accepted. Of the 109 out-of-state applicants only one was accepted.

Total enrollment is nearing 200 and of these 21 are blacks and 13 are females. Four of the blacks are females.

He will remain in Georgia upon graduation. Thirty-five of the first 43 graduates are residents of the state and several of the eight out-of-state are in the military. □



Feast and Famine ...No Easy Answers

Editor's Note: Dr. Hugh Greenway is a 1974 graduate of MCG and is now in the Family Practice program at the College. He, like Dr. Jim Beecham (Spring, 1974 issue), had an opportunity to spend 10 weeks of his senior year in Africa. A summary of his experience follows.

Most Americans begin the new year glued to the television set for the annual New Years Day parades and football festivities. This year mine began with a flight out of Augusta headed for Ghana, West Arica. Specifically I was headed for the Nalerigu Baptist Mission Hospital where I would work for the next three months.

Ghana was formerly a British colony but was the first African nation to become independent, obtaining this in 1957. Presently Ghana is under a military dictatorship under the leadership of Col. I. K. Acheampong, Head of State and Chairman of the National Redemption Council.

I landed in Accra, the capital, which is a modern westernized city. After one night there I boarded Ghana Airways to fly North to Tamale. Vastly different from the Pan Am flight we were only two hours late departing on a 20 passenger, twin engine French plane.

After a short stay in Tamale I traveled 105 miles to Malerigu (the last half of which was on dirt roads) via car with Dr. Edward Mahama, a young Ghanan physician. It was hard for me to believe I had at last reached bush country, but the realization hit home as we passed more and more villages with mud-walled, thatched roof huts surrounded by half-naked Africans.

Upon arriving in Nalerigu I met two American physicians; Dr. Bill Richardsen, an Internist and Dr. Walter Moore, a General Practitioner interested in public health. There were several American nurses, a young pharmacist from South Carolina and other American personnel.

I was first introduced to the hospital, and what a cultural shock it was. Constructed in 1958, it is an 80-bed ward type facility including a Tuberculosis isolation ward. The average daily census was over 100 so many patients had to sleep on the floor, which was not a hardship for most since they slept on the floor at home. (The last visiting physician described the hospital as being built over hell with a crack underneath, mainly because of the extreme heat which I will describe later.) There was a well equipped operating room complete with an air conditioner unit, a minor surgery room and a labor and delivery room. There was an excellent laboratory run by Mr. Musa, one of 80 Ghanans employed at the hospital. There were x-ray facilities but the developing fluid, as the African Technologist informed me, was "finished." The pharmacy was well supplied with drugs from several sources including European drug houses and some from the United States made available through the Medical Assistance Program of the Christian Medical Society. Ghana itself reputedly manufactures many drugs, but this seemed to be more of a repackaging process. The Government also had a sort of drug control system. Aspirin was considered a controlled drug. There was a daily outpatient clinic and also a weekly prenatal clinic. Outpatients numbered anywhere from 200 to 550 per day which was an astounding patient load (over 112,000 in 1973). Each physician, in addition to seeing these outpatients, did approximately two cases of surgery daily, primarily hernia repairs. The hospital compound is composed of the hospital and staff houses and was completely self-sufficient with its own power supply, electrical supply, etc. While there I shared a house with James Hines, a 25 year old man from Oklahoma, who was finishing up a two year stay. The house which we shared was fairly nice. It was stone on a concrete slab and was cooled by an overhead fan which was turned off at night due to a diesel shortage until late February. Lizards were a common sight in the house and helped to keep the bugs down. Late one afternoon I encountered an unexpected guest—a small two foot spitting cobra inside the house at the door to my bedroom. A young cobra like this may not seem big, but it is still large enough to be lethal. Shotgun shells were reserved for cobras over five feet long so we killed this one with a very, very long stick. I assigned my houseboy, Teheru, the job of determining just how the snake got in the house, but until this day don't know.

The Pathology at Nalerigu was both tremendous and overwhelming. The most predominent disease is Malaria, with treatment being aimed at the acute episode. Gastroenteritis, Syphillis, Gonorrhea, Osteomyelitis, Pneumonia, Hepatitus, and Typhoid to name a few. Tuberculosis was very common, and patients were treated in an isolation ward for approximately two to three months and then sent to a nearby village, Lafia Tenga, for two years. They were allowed to bring one wife and her children and were given land to farm while in the village. There was a small leprosy colony nearby also. Actually I saw much less leprosy than I had expected. Tetanus was frequent and the majority of these patients recovered (of course we had no life support systems, etc.).

February was Meningitis season; the organism primarily identified as gram negative diplococci. Most extremely sensitive to parenteral penicillin, but of course routine prolonged IV therapy was out of the question due to the shortage of IV fluids.

The people are mainly pagan in

their beliefs, and most villages still had many Herbalists and Native Healers. Quite often we received their failures at the hospital. Basically, the Native Healers can be divided into two groups; the more conservative, who is a permanent resident of a region and is answerable to the chief, and the traveling type, more liberal in his treatment. I was able to visit with one of the permanent resident healers. At first he was afraid and unfriendly, but after we gave him a Poloroid picture of himself he became more open and showed us some of his herbalistic treatments. Measles were widespread, and many die of secondary complications like Pneumonia. The African has his own treatment for measles, based on the belief that the disease is caused by an evil spirit, and that the spirit must not be allowed to sleep. Therefore, one of the family members will take the child with measles into the sunshine for three to four days and not allow the child to sleep.

Snake bites from cobras, carpet vipers and green mambas were more common in adult males since they are the farmers. The carpet viper is somewhat special in that he is aggressive. We did have some anti-snake venom, but if the patient had been to his native healer first there was a poor prognosis. Of course tropical diseases were rampant; Hookworm, Schistosomiosis, Amebiosis, Guinea Worms. Onshocerciosis or river blindness is endemic in this area causing blindness in almost all age groups.

Many patients had tropical ulcers which were very slow to heal. During my stay I had one patient who had African Trypanasomiosis or sleeping sickness—he also had Malaria and Meningitis. Chronic anemia is the rule. Malnutrition is not a pretty sight, and was more common in areas outlying from the hospital. Most of the villagers existed on a diet based almost exclusively on one or two starch foods—millet corn and yam (an overgrown starchy potato), so ignorance of sound nutritional practices reinforced their poverty. Kwashiokor, Marasmus, vitamin deficiencies became more pronounced as the dry season wore on.

This area in Northern Ghana is included in the famine region which now extends the width of Africa. In Nalerigu there has been less and less rain each year, last year being the first where the hospital lake had completely dried up—it wasn't all bad as it forced the crocodiles to leave. The rainy season is from late June to October and it is during this time the farmer must grow and store his crops if he is to survive.

The weather itself is a factor with which to contend. There was constant heavy dust which I learned was the Harmattan from the Sahara in the North, similar to walking behind a truck on a very dry Georgia dirt road. Heat is the primary enemy but the dust does help blot the sun. When the dust ended in February the temperature rose. In the sun it was over 130F, in the shade it was 120F and in areas cooled by overhead fans 105F (106 to be exact in the office I occupied). It is a dry heat as humidity is almost non-existent. I made the mistake of attempting a hike one afternoon, and believe me I never tried it again.

I found in this area the African still lives in his round mud hut very much like his ancestors. Each village has a Chief and I was able to meet many of these. The Chief is law for that particular village. There is a larger tribal chief over the village chief, the Nierie in the case of the Mampruili tribe around Nalerigu. He was very wealthy, had a Mercedes-Benz with a driver, and settled disputes over land, etc. I had the opportunity to visit with him several times and found him to be a very wise man. He was ill quite frequently, and I'm not sure if it was old age or if it might have been related to the fact that he had fifty-two wives and over 300 children to contend with. . . .

The normal African farmer is not as well off as the Chief, but usually has several wives and many children to work his farm. Man is the complete master of his house; women carry water on their heads for miles, cook, care for the children, etc. His average income is approximately $10.00-$20.00 per year.

The first village I visited was Zimpurigu—all the children were naked except for ritual bracelets and necklaces to ward off evil spirits, and the reason for nakedness again is related to the prevailing poverty. The villagers were very friendly and I was invited to stay for dinner—it's not polite to refuse. With a little apprehension I stayed along with one of the other Americans who gave me all the pointers in eating with the villagers. Food is cooked in large black pots with everyone eating from them with their bare hands. There were some large pieces of meat which I learned was goat which they had sacrificed especially for my visit. The smaller pieces of meat was rat and snake with other animals. The whole pot was liberally seasoned with red peppers which reminded me a little of liquid fire. I was only able to choke down a little and the red peppers saved my eating much for. Later that night I developed severe gastroenteritis—what they call shotgun diarrhea.

One afternoon I was called to the

hospital morgue to do an "external" examination of a young man for the local police (which consisted of two officers in a little hut with a bar across the road at the edge of town). The family story was that the boy had fallen off a stump and drowned while watering the tribe's livestock at the watering hole. Upon entering the morgue I noted that he was covered with large black ants having been dead for a day. There were rope burns around his neck, waist, ankles, thighs, and wrists. There was blood from his nasal cavity and left ear with multiple abrasions. The more likely story, which later was confirmed to me was, that the boy was caught stealing, and tribal law did not tolerate this. (Needless to say the police did not investigate.)

The incidence of Oncology was much higher than I anticipated. We were able to get a biopsy report via Baylor Medical Center within six weeks with a little luck. Of course the African had rather die than lose an extremity in most cases. With the help of an Internist I did remove a 35 pound ovarian tumor from one African woman. She did well but reminded me of the American fisherman and his tale. During her follow-up visits she told the interpreters and others just how big the tumor was and it grew weekly. We had some Chemotherapy but this was limited; there was no form of Radiation therapy in West Africa. Treatment in many cases, especially the older adults, was aimed at paliation with instructions to the family that the patient be taken home. To die away from home presented severe financial problems in returning the body home.

My wife, Elaine, was able to visit me the last two weeks of my stay. The Tamale Airport, 105 miles away, was closed due to an unsafe runway reported by the government. (There was also a severe fuel shortage.) Tamale was our nearest phone or communication point. I had the opportunity to spend a night with some Baptist Missionaries, Ralph and Joyce Davis in Tamale and had the luxury of a TV set which receives a government station there three to four hours each evening. When I turned the set on and picked up an old "Mod Squad" show I was delighted, but there was no sound. Joyce informed me that I should call the TV station about the sound which I did and the man there adjusted it for me. It seemed that this set was one of seven sets in the town and at that time the only one in use (or working at all).

After leaving the Davis' I borrowed a car to drive the 500 miles to Kamasi to pick up my wife, and felt a little hesitant about the roads, but was assured that there was no way to get lost because there was only one road so I didn't have to worry about wrong turns.

During my stay in Ghana I quickly learned the most common word is "DASH" which means "give me." To live among an extremely pagan and backwards people and attempt to minister to their medical and spiritual needs was a new experience to me. Most of them had no concept of the God in whom I believe. Certainly they could use all I could give them. Many Africans I met wanted to come home with me to the "great United States." Again and again I was questioned by school boys—"was not the Statue of Liberty in New York? Was Washington where the government is? Once in a remote village a young boy asked me in very serious Mampruli—If I were to go to the United States, would I become white like you?

In the summer of 1973 of MCG TODAY many of you read the article by my good friend and fellow student, Marshall Guill. He went to India and had an experience similar to mine. He stressed that no man or nation can be an isolationist, that we need each other as human beings under God. Certainly he and I visited the two poorest areas in the world. Many countries in the Sahel region of Africa will lose millions of people to starvation and disease this year. Formerly nations could rely on the United States for food in famine times, but now we too have our own problems with food. There could be a severe food crisis in a few years or less. Americans will have to decide if we should pay more for our own food and perhaps skip a meal or two a week in order to provide the starving people of the world with food, or do we say a polite "I'm sorry"? Just as I faced the decision of what to do with a newborn child whose mother died at childbirth (to give her to the family would mean burial alive with the dead mother because of the family belief that the evil spirit must be put to rest); or to try and feed and care for her and find a new home knowing her odds of ever reaching the age of 10 are only about 50 percent.

Surely we as Christian people and a Christian nation will face this and other questions, and there will not be easy answers. Perhaps there is not a clear cut yes or no answer.

The Africans I encountered were a tremendously warm and friendly people, very enthusiastic with a joy of everyday living—although they must face the basic day to day survival problems we only take for granted.

Certianly this experience has left me better prepared and more dedicated to the basic principles of life, its quality and fullness. □

Fall Commencement

The Medical College of Georgia granted 178 degrees during commencement exercises, Sept. 21 at Bell Auditorium.

Two students received doctor of medicine degrees; 51 received doctor of dental medicine degrees; four received doctor of philosophy degrees; 24 received master of science degrees; 90 received bachelor of science degrees; and seven received associate of science degrees.

Candidates who received degrees are:

Doctor of Medicine

Shelton E. Sharpe, III, Atlanta; and Ivy Shuman, Jr., Savannah.

Doctor of Philosophy

Laverne Dennis Gugino, Augusta; George Horace Greeley, Jr., Los Altos, Cal.; James Frederick Knudsen, Jr., South Portland, Ma.; and Cheh Shiu Lu, Augusta.

Master of Science

Lebe Sy Chang, Caloocam City, Philippines; Vernon Robert Jimmerson, North Bergen, N.J.; and Larry Harvey Spell, Valdosta.

Master of Science-Nursing

Joan Margaret Rachel Ainsworth, Valdosta; Susan Meredith Andrews, Roberta; Carolyn Carver Broh, Brunswick; Judith Reiter Chapman, Brunswick; Patricia Barnett Christensen, Belvedere, S.C.; Fathie Gay Crumbley, Irwinville; Patricia Tharp Dennison, Murray, Ky.; Gwendolyn McCarter Felton, Taylors, S.C.; Wendy Comer Glawson, Milledgeville; Betty Burke Godfrey, Decatur; Bonita Watson Hickman, Northington, Oh.; Catherine Bacha Hoblick, Augusta; Mirian Lovon Johnson, Leesburg; Marjorie Keller, Spartanburg, S.C.; Jobyna Smith Mims, Florence, Ala.; Mary Margaret Richardson, Hopkinsville, Ky.; Jeannie Stump, Grovetown; Jean Rawlings Summer, Wrightsville; Deborah Clifford Trulock, Augusta; Sarah Anne Ulmer, Americus; and Esta Robinson Zettel, Wilmington, N.C.

Bachelor of Science-Dental Hygiene

Betty Mayton Powell, Augusta.

Bachelor of Science-Medical Technology

Elizabeth Ann Chastain, Cartersville; LaMyra Evelyn Durrence, Glennville; Bonnie Davis Fanning, Neeses, S.C.; Deborah Ann Gibbs, Marietta; Elizabeth Partridge Godfrey, Greenville; Lester Elgin Hardegree, Jr., Albany; Calvin Jackson Harris, Tifton; Talmadge Ronny Harrison, Kite; Andrew Lee McCanless, Canton; Sherry Ann McQuown, Greenwood, S.C.; Marilyn Proctor Moultrie, Aiken, S.C.; Laura Strickland Parry, Warner Robins; and Charles David Robinette, Chatsworth.

Bachelor of Science-Nursing

Jennie Anderson, Warner Robins; Michael Bernard Anderson, Los Angeles, Cal.; Susan Driver Anderson, Augusta; Penelope Pratt Arnett, Augusta; Janet Bowden Ashfield, Milledgeville; Lillias Eloise Askew, Newman; Janatha Gail Bailey, Augusta; Bertha Lee Battey, Augusta; Mildred Womack Bowden, Monticello; Beverly Kay Bowen, Pinehurst; Mary Kathryn Brabson, Macon; Lucille Henderson Brannan, Hardwick; Betty Lou Kilgore Bray, Milledgeville; Sylvia Dianne Camp, Jefferson; Mary Patricia Cassidy, Macon; Rose Ann Crucio, Atlanta; Mary Jo David, Atlanta; Linda Jo Dees, Oak Ridge, Tn.; Sybil House Densmore, Macon; Cynthia Harper Flanders, Atlanta; Gwendolyn Fryer, Augusta; Michael F. Gnaster, Augusta; Connie Elizabeth Harrison, Alma; Rebecca Head, Savannah; Judith Vera Hodnett, White Plains; Mary Ellen Holloway, Augusta; Mae Rene Hopkins, Thomasville; Shirley Wrye Hopper, Augusta; Linda Nell Brookins Hubbard, Gordon; Nancy Darlene Hudson, Columbus; Rebekah Humphreys, Chattanooga, Tn.; Brenda Lane Joyner, Atlanta; Marjorie Smith King, Athens; Carol Ann Koontz, Augusta; Linda Ann Lennox, Augusta; Wanda Vernita Lewis, Milledgeville; Susan Dailey McConnell, Atlanta; Joan Leslie McKee, Atlanta; Mary Georgia McKeown, Lakeland, Fla.; Joe Crawford McKinley, Augusta; Jeanette Gregory McKinnon, Atlanta; Kirk Martin, Martinez; Susan Alice Mathis, Martinez; Mary Gail Miller, Dawson; Sherry Virginia Mistak, Quarryville, Pa.; Gail Christine Mornhinweg, Dayton; Sue Lynne Nagley, Atlanta; John Luc Ozanne, Augusta; Teresa Wanda Page, Albany; Mary Parks, Macon; Juanita Lingold Peavy, Milledgeville; Betty Ann Polk, Augusta; Charlotte Loretta Ramsey, Douglas; Marcia Alice Ray, Augusta; Jacqueline Reade, St. Augustine; Holly Ann Redlinger, Savannah; Anna Sue Self, Carrollton; Jane Ann Skelton, Athens; Barbara C. Smith, Atlanta; Veronica Simpson Stephens, Macon; Marijo Reaves Steverson, Augusta; Linda Hood Tamblyn, Savannah; Sharon Rose Tillman, Loganville; Margaret Strang Watson, Langley, S.C.; Sarah Jeannette White, Franklin Springs; Rita Jane Whitley, LaGrange; Sandra Franklin Wilder, Milledgeville; Jean Mary Ziemba, Augusta; Ilda Ruth O'Gwynn, Flomaton, Ala.; Claire Ash Petrie, Augusta; Margaret Vinson Jackson, Doraville; Nora Jacquelyn Pierce, Athens; Kathye Denise Herrin, Brunswick; and Jacqueline Jeannie Gibson, Morris, Ala.

Bachelor of Science-Physical Therapy

Jerri Freeman Tilley, Atlanta.

continued on p. 17

REPORT ON ENDOWMENT FUND CAMPAIGN

Standing By Classes

Class	Number of Gifts	Amount
1919	1	100.00
1923	1	1000.00
1925	1	100.00
1927	3	165.00
1929	2	200.00
1930	1	5.00
1932	2	300.00
1933	2	125.00
1934	4	1550.00
1935	3	1550.00
1936	1	100.00
1937	2	150.00
1938	3	2727.00
1940	1	1000.00
1941	5	4625.00
1942	2	130.00
1943	6	3900.00
1944	1	30000.00
1945	5	5260.00
1946	7	10501.00
1947	2	2300.00
1948	4	3910.00
1949	4	1300.00
1950	4	6100.00
1951	4	5300.00
1952	6	4225.00
1953	6	4470.00
1954	1	150.00
1955	6	4725.00
1956	6	3560.00
1957	3	640.00
1958	7	7040.00
1959	7	6835.00
1960	3	2150.00
1961	3	345.00
1962	8	1460.00
1963	7	1890.00
1964	7	14745.00
1965	8	2803.00
1966	5	6450.00
1968	2	1150.00
1969	1	180.00
1970	4	392.00
1971	3	195.00
1972	4	205.00
1973	2	110.00
1974	1	75.00
Other	7	4455.00
TOTAL	177	150,648.00

Contributors

The names listed here are those alumni who have given or pledged specifically to the endowment fund campaign. It does not include any gifts by MCG's various alumni associations unless those gifts were designated for endowment. Also, several alumni who gave through the campus campaign are not listed in order to avoid confusion of totals. We will print other such lists in the future and will include these faculty alumni

We are grateful to those donors who have expressed their confidence in MCG and their desire to see a good helath science university become great.

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The Endowment Fund Campaign Needs Your Help!

Endowment has become a necessary fact for the Medical College of Georgia.

To secure this need, Dr. William H. Moretz, president, has traveled throughout the State of Georgia and into other states explaining specific endowment needs.

Not everyone has heard Dr. Moretz. Not everyone has been given an opportunity to support the campaign.

It is interesting that of the more than 1,400 physicians invited there have been approximately 500 of them in attendance. Of these almost 200 or approximately 40 percent, have given and given generously to the program.

We believe this is a true endorsement of the endowment concept and its real need at MCG.

If it were possible to personally explain the aims of this drive to each of you, we feel there would be a very positive reaction. But this is impossible and brings us to the purpose of this special magazine section.

The faculty and staff have given almost $300,000 and this too is a solid endorsement of the effort. Now, we seek a similar expression of support from our alumni. This is critical because the percentage of participation among alumni is often the key to the lock on business and foundation dollars.

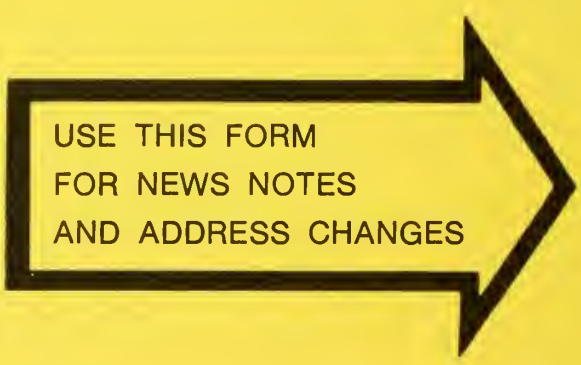
Because MCG alumni are among the most loyal of any medical graduates in the nation we are convinced they will assign priority to this.

The question of a "level" of giving is difficult to answer since not everyone can give on the same level. However, since the gift can be given over a period of years we are suggesting the figure of $1,000. There are those who can give far beyond this over a period of three to five years and there are those who have commitments which will not make it possible.

Whatever you decide on will be appreciated and properly recognized. Certainly if enough alumni participate on all levels, MCG's first effort to secure endowment in almost 150 years will be successful.

Dr. Walter L. Shepeard, now retired and professor emeritus at the College, has stated:

"Those who receive the mantle of a rich and noble heritage are expected to perpetuate it. For those who wear such a mantle and give it no sustenance it becomes but an empty echo out of the past."



The Board of Trustees of the Medical College of Georgia Foundation gratefully acknowledges your subscription to the MCGF Sesquicentennial Fund. Your thoughtful generosity, and the thoughtful generosity of others, assure the success of this special fund program; only private support can give the Medical College of Georgia the financial flexibility needed to transform a good institution of higher medical education into a great health sciences university.

Payments of this subscription qualify for income tax deductions to the extent provided by federal and state laws.

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To provide the Medical College of Georgia with the financial flexibility that only private support can give, and in consideration of the gifts of others, I/we subscribe the sum of:

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from p. 16

Bachelor of Science-Radiologic Technology

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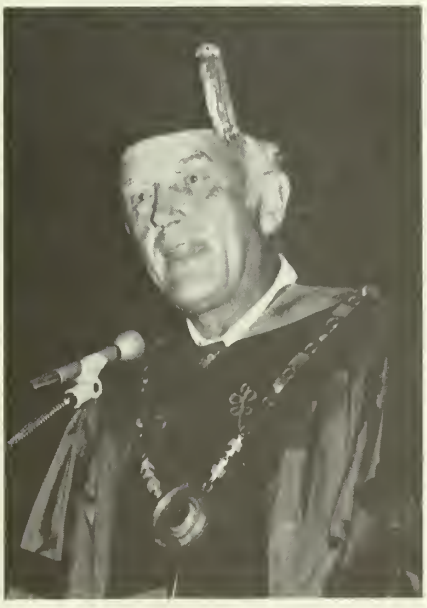

Commonsense Rules You'd Better Follow If You're Into Karate

Two Atlanta physicians counsel against the dangers of poorly supervised fly-by-night karate parlors; and a couple of battered students of the martial art tell what a careless chop and a misplaced thrust did to them.

By Don A. Schanche
(Reprinted from **Today's Health**, July, 1974)

"EEee-YAAagh ! ! !"

Betti Bell's partner half grunted an approximation of the scream that the karate instructor said should accompany each "death" blow. Her style wasn't bad, considering that previously she had only had one lesson in the fast-spreading martial art of the Orient.

The blow was well-executed, too. Betti saw her partner's right arm, wrist, and fist whip into a straight line from the shoulder as her body lunged forward on an advancing right step.

Defensively, Mrs. Bell shifted her graceful 5'1", 124-pound frame to ward off her partner's thrust. Her style was pretty good, too, considering that it was just her fourth lesson. She raised her right forearm, as she had been taught, and swung it down in a vigorous chopping motion that should have deflected the blow and rendered it harmless.

But, Betti was a trifle too slow.

Ordinarily, her mistake would cause no worry. Qualified instructors in karate, and its more philosophical cousin, kung fu warn their students to never follow through, in class or competition, on a thrust, a chop, an elbow blow, or a kick until they have acquired black belt (expert) skills. Karate and kung fu are not just defensive contact sports, but demanding arts, with overtones of peaceful Oriental philosophy that one should learn without hurting or getting hurt.

Unfortunately, Mrs. Bell's instructor had not told any of the 15 novices in his storefront karate parlor to keep hands off, or even to pull their punches and not follow through to body contact.

The partner's right fist sank into Betti Bell's torso just beneath the right side of her breastbone, where the liver nestles only half-protected by the ribs.

"I was just stunned at first," says

Mrs. Bell, who never learned the name of her partner. "It was a week or more before I began to feel ill. A month later I went to work one morning and passed out. I was unconscious for three days."

When James T. King, Jr., M.D., '66, performed emergency surgery on Betti Bell, at Georgia Baptist Hospital, in Atlanta, he found that the karate blow had destroyed 60 percent of her liver. She was fortunate to survive. Others have not.

Several years ago, a young Californian died of kidney injuries a day after limping away from a karate lesson, taught by an inept instructor. Last winter, in Atlanta, a 20-year-old college student suffered a ruptured spleen and died after practicing karate with a friend, reports John D. Cantwell, M.D. also of Georgia Baptist.

Drs. Cantwell and King, both enthusiastic athletes themselves, do approve of karate, kung fu, and other martial arts such as judo—if they are properly taught and supervised. But they suspect that the true scope of the dangers of slipshod instruction is unknown and that there have been more fatalities than have been reported. Since there is no central clearinghouse for such information, only a few of the stories have emerged.

Reports of injuries due to inadequate training, supervision, and conditioning, however, abound. John E. Hildebrand, M.D., a general surgeon in Flagstaff, Arizona, recently saved the life of a young man whose transverse colon (the section of large intestine just beneath the stomach) was torn by a karate kick. An Atlanta ophthalmologist treated a patient who suffered a detached retina from the shock of a karate chop. Another physician recently told the Medical Tribune about a woman whose pancreas was severly damaged by a karate blow.

Fred Allman, Jr., M.D., '55, a specialist in sports medicine and a member of the American Medical Association Committee on Exercise and Physical Fitness, says that ankle, knee, back, neck, and hand injuries are common among karate and kung fu students. "You see the same injuries as in any other contact sport," he says: "contusions, fractures, dislocations, and sprains."

Although fatal and near-fatal injuries still appear to be relatively rare, Drs. Cantwell and King fear that they may become more common because of the rapid spread of fly-by-night karate parlors such as the one in which Mrs. Bell received her brief training.

The attractive beautician, housewife, and mother of one daughter was drawn to karate, like many other women, out of both hope and fear. She told **Today's Health** that she hoped the exercises involved in the three-times-a-week lessons and the daily half-hour workouts would be good for her figure and health. And she feared that without some training in forceful self-protection, she would be helpless going to work in a poorly policed section of Atlanta. So she signed up at a karate school—at $2 a lesson.

The tall, powerfully built instructor was impressive as he demonstrated the vicious chops, quick thrusts, and lashing kicks that were accompanied by grunts and loud, Oriental-sounding cries. Then he lined up the students in facing rows, taught them to formally "bow in," and began showing them how to flail away at another for real.

In the time it took Betti Bell to have one week of lessons, a short illness, emergency surgery, and more than a month in the hospital, both the school and the instructor had vanished from the scene without a trace.

The growth of such karate parlors is a relatively recent phenomenon, but there is scarcely a city of town—large enough to attract enough paying students—in the United States today that does not have at least one, judging from a random survey in the east, south, and west. Most of the schools appear to be legitimate and careful, genuinely dedicated to the proper teaching not only of offensive and defensive tactics, but of the philosophies of karate, kung fu, and the gentler, more graceful tai chi ch'uan (Chinese shadow boxing) and aikido (a more mystical, nonaggressive Japanese version).

Unhappily, the burgeoning craze for these Oriental martial arts —reflected in, and perhaps inspired by such TV shows and films as "Kung Fu" and 5 Fingers of Death—has built a ripe audience for dangerous exploiters such as Mrs. Bell's "instructor."

"There are certain safeguards that apply to all physical activities, including karate; perhaps the most important is to make sure you are getting proper instruction," says Dr. Allman. "When in doubt, ask around the community, just as you do when you seek a good physician. If there is a certifying agency, inquire whether the instructor is qualified."

The trouble is, there are few certifying agencies and those that exist, such as the Japan International Karate Center, in Honolulu, serve limited areas. Although there are karate associations in most states, with regular championship rankings and tournaments, they are not equipped to oversee the business ethics of commercial karate and kung fu parlors.

Perhaps the greatest exploitation, currently, is in kung fu training, which, when properly given,

Greenblatt lectureship established

Richardson-Merrell, Inc., a New York pharmaceutical firm, has granted $20,000 to MCG to establish a Robert B. Greenblatt lectureship at the College.

Dr. Greenblatt, who recently retired, is professor and chairman emeritus of the Endocrinology Department at MCG.

MCG Pres. William H. Moretz said "We are pleased to have the endowed lectureship in honor of this distinguished teacher, researcher and clinician.

"Few gifts could give the donor more pleasure than the one with the lasting value of sustaining quality education. Both students and professors in the future will come to know and appreciate the generosity and foresight of Richardson-Merrell."

Income from the gift, made through Merrell National Laboratories, a subsidiary of Richardson-Merrell, will be used to bring a distinguished endocrinologist to Augusta annually to present a scientific lecture.

evening division

The School of Nursing at the Medical College of Georgia has started an evening division program.

Dr. Dorothy T. White, Dean of the School of Nursing, said the evening programs are "operating on a small scale to test the feasibility of the idea."

Dr. White said one graduate level course in nursing administration is being offered during the fall quarter evenings from 8:30 to 10:40.

She said registration was open to currently enrolled graduate students, and to registered nurses eligible for graduate school enrollment. Further information may be obtained by calling or writing the Office of the Dean, School of Nursing, Medical College of Georgia, Augusta.

Dr. Smith honored

Dr. J. Graham Smith, chairman of the Department of dermatology and acting chariman of the College's Pathology Department has begun a three-year term as member and director of the American Board of Dermatology.

The American Board of Dermatology is the national organization responsible for setting standards of competence among dermatologists in the United States. The board also reviews dermatology training programs in more than 70 medical schools and hospitals in the U.S.

Dr. Smith received his undergraduate and medical degrees from Duke University. He completed residencies at the Duke Hospital, Durham and at the Jackson Memorial Hospital in Miami.

Before coming to the Medical College of Georgia as professor and chairman of dermatology in 1967, Dr. Smith held faculty appointments at the University of Miami and at Duke.

ADA competition

Steve Buckler, second year dental student from Avondale Estates will represent the School of Dentistry at the American Dental Association meeting in Washington, D.C., Nov. 10-13.

safety program tops

The National Safety Council recently announced MCG has the best campus safety program in the country. William S. Tynan is director of public safety.

best exhibit

The American Academy of Family Physicians award for the best family practice related scientific exhibit at the 1974 AMA Annual Convention has been won by three MCG educators—Dr. William B. Strong, associate professor of Pediatrics; Dr. Max D. Miller, assistant professor of Pediatrics and Dr. Maurice Levy, associate professor of Health Affairs Education. The exhibit was entitled, "Introduction to Congenital Heart Disease—A Self Instructional Series."

laparoscopy program

The Laparoscopy program, operating under the direction of Dr. Edwin S. Bronstein, has moved its facilities from Talmadge Hospital to the second floor of the Outpatient Clinic Building. Financed under an HEW grant, the facility operates on both an outpatient and inpatient basis and provides a two-day training program of laparoscopic procedure for Georgia physicians.

new director

Paul J. Brucker, Ph.D., an authority in audio-visual programming for self-teaching, has been named chairman of the Department of Medical Illustration and director of the Health Communications Division at the Medical College of Georgia.

on campus campaign

The on-campus segment of the MCG Foundation Sesquicentennial Campaign now stands at $282,914, just a little over $17,000 short of its goal.

"With the goal so near, I think we have proven something to ourselves here at the institution," said James C. Austin, director of Institutional Relations and executive director of the MCG Foundation. "These gifts from the faculty and staff have come from 908 individuals. With only $17,086 remaining to reach our on-campus goal, I feel that we can hold our heads high when we go out in the state and tell them our people put themselves on the line."

Currently, contributions total $477,500 or nearly one-sixth of the 3 million dollar goal. Mr. Austin said the main focus of the campaign is now on alumni. "The alumni segment of the campaign has been somewhat disappointing to date, but I believe it is just taking our alumni a little longer than we had anticipated to grasp what this is all about. Things should pick up considerably toward the end of the year."

DR. GREENBLATT HONORED—Dr. Robert A. Greenblatt, retired chairman of the Department of Endocrinology, at MCG was honored recently for his 39 years of service. Dr. William H. Moretz, president, presented the internationally known physician a plaque of appreciation. His successor as departmental chairman, Dr. Virendra B. Mahesh, (center) participated in the program. A large challenge pledge of $125,000 to set up a Chair of Endocrinology in honor of Dr. Greenblatt has been made.

MCG's NAVY—James C. Austin, director of Institutional Relations, takes the helm of a 24-foot cruiser donated to the MCG Foundation, Inc., by Dr. Irving Victor, '54, of Savannah. Dr. Victor is past president of the Foundation and is presently on the executive committee of the organization. Trustees of the Foundation will decide on the final disposition of the vessel; meanwhile, it is moored at the Clarks Hill lake property owned by Dr. Martha Gordy, '55.

Looking Back

In the midst of football season there may be some around who still remember MCG's team of 1920—the first team the College had produced in eight years.

However on October 9 the Medicos took on Richmond Academy and were beaten 20-0.

On the field that day were H. S. Alden, '24 of Atlanta at left end; A. H. Powell, '24 of Durham, N.C. at left guard; I. O. McLemore, '23 of Seattle, Wash., at right guard; Irvine Phinizy, '23 of Augusta at left halfback and I. H. Agos, '21 of Miami at fullback. Others on the team but who are no longer on address lists and are assumed deceased were J. P. Eberhardt, A. A. Morrison, E. J. Whelen, R. W. Bradford, W. J. McMurray, Jack Sherman and L. K. Boggs.

Starring that day for Richmond Academy were two future MCG students, Hervey Cleckley, '29, and the late Billy Philpot.

MCG+3

MCG + 3 = ?

The MCG School of Dentistry plus three graduating classes equals 94 dentists.

In September, 51 of this number graduated and marked the fifth anniversary of the School of Dentistry's acceptance of students.

What has happened in those five years is important, but here we propose only to say where the School is after its first half-decade of development.

The fact that three classes have graduated in five years is an impressive achievement which moves Georgia another step toward overcoming drastic dental health manpower shortages. Georgia, with one dentist for every 3,000 residents, is far behind the national average of one dentist for every 1,682 persons.

Without the 94, and the many who will follow them, Georgia would be hardpressed to face statistics which indicate in the next 10 years (under present growth rates) that 10,000 dental visits will be made by Georgians and that $200,000,000 will be spent for dental services. These are double today's figures for Georgians, and with rising interest in insurance plans and employment benefits to cover dental services this estimate is probably conservative.

But already, dentists have more patients than they can treat. This means great pressure is on to increase Georgia's dental manpower. MCG began to play its part in this role in 1969 following three years of intense planning by Dean Judson C. Hickey and his first two associates. They planned, if possible, that dentists must become more productive and be prepared not only to treat dental defects, but to prevent dental disease. A modern physical plant, and an innovative approach to the curriculum were included in the planning.

Dr. Hickey said, "Realizing that dentists work with people—not just teeth—we sought to orient every aspect of the school to people—whether students, faculty members or patients."

Results of this planning are evident today in the enrichment programs, the integrated curriculum of biological and clinical sciences, early patient contact, team approaches, preventive disease stress, research, specialty programs, and in the general optimistic outlook and attitude which prevails among the school's students, faculty and administration.

Involvement

One of the School's primary people involvements is with 3,000 patients now assigned to dental students, the result is low-cost dental care and education for many in the greater Augusta area. Faculty members also treat patients referred to them by other dentists. Usually these are patients with complex dental problems requiring a team of dentists with special knowledge.

Another major involvement is through the more than 50 annual continuing education courses which attracted 11,000 dentists during the past year.

Facilities

In its efforts to be people-oriented, the School has not only avoided rigidity in "people" areas but also in physical facilities.

According to Dr. Hickey, patient service areas contain clinical practice suites which simulate actual dental offices. They have waiting rooms and reception desks to help the dental students learn in an environment much like their future offices. "We have through subtle lighting, spaciousness and colorful artwork in the building attempted to reduce anxiety, foster learning and the comfort of patients, student and staff alike," Dr. Hickey said.

Integration

MCG's curriculum is quite different from that of most traditional dental schools where so often biological sciences are taught the first year and then clinical work begins. This separation is avoided at MCG where both biological and clinical studies are pursued together. This results in early patient contact and helps students relate what they are learning in the classroom to the treatment of patients.

Early Patient Contact

During the first week of their course, the students visit a low income family in the Augusta area as part of a family visitation program. The students only attend consenting families approved by a public health nurse and in company with a member of the faculty.

Dental examinations of the family are made by the student to identify the ones with worse dental

problems.

Students then seek to locate treatment for the patients and, in doing so, become the patients' "advocates."

When resources are not available, the students try to find help for their patients in clinical facilities at the School of Dentistry, in local public health facilities, or in the offices of private dentists who accept patients under the Medicaid program.

Students learn, in this manner, the dental needs of indigent patients and the resources available to them.

More involvement with patient care comes as their education progresses and late in their first term students clean a patient's teeth. By the third and fourth year, students are performing dental surgery. At every academic level, student-patient care is under the supervision of faculty members.

Team Work

Because the team approach is often the best way to treat patients, second and third year dental students are taught to work with dental hygiene and dental assistant students in providing dental care.

This approach requires the School of Dentistry to educate dental auxiliary students. Students in the baccalaureate degree dental hygiene program receive their clinical experience in the School of Dentistry clinics. Students in the one-year certificate dental assistant program at Augusta Area Vocational-Technical School also receive clinical instruction at the School of Dentistry.

Prevention

The team approach emphasis is not only on curative services but upon prevention. The concept, although relatively new to dental education, is strongly emphasized at MCG.

The School of Dentistry has these concepts in at least one-fourth of all its required courses. Students are urged to work with dental hygienists in communicating preventive dentistry to their patients. They are taught that preventive dentistry can boost a

Graduate Studies, [illegible] has time to see more patients.

Enrichment

In order to allow individual expression in the curriculum, all dental students, except seniors, have an opportunity to choose an elective or a self-designed course approved by the faculty during an annual three-week enrichment program.

Some have taught dental hygiene to prisoners in area correctional institutions, made field trips to Guatemala, Haiti and the Dominican Republic, or studied acupuncture for oral anesthesia. The field trips involve observing health of the people, teaching proper dental hygiene and other health practices as well as performing extractions for those who need them.

Specialty Programs

The School of Dentistry today devotes most of its resources to preparing students for general dental practice. However, increased attention is being given to postdoctoral or advanced specialty programs.

Advanced studies are offered in orthodontics, pedodontics, peridontics, prosthodontics and oral surgery.

The School of Graduate Studies, in conjunction with the School of Dentistry, offers a master's degree in oral biology which prepares graduate dentists for careers in dental education and research. Further advanced programs are planned in endodontics, restorative dentistry, oral pathology and public health so that the School of Dentistry will soon be active in every accredited dental specialty.

Investigation

"We, of course, recognize research is an essential stimulus to student learning, faculty achievement and patient welfare, so the

Tessie B. Scott, '67, is a medical [illegible]chnologist at University Hospital.
[illegible]artha C. Newman, '72, is a staff [illegible]chnologist in automated chemistry at [illegible]e Memorial Medical Center in [illegible]lvannah.
[illegible]jiriam G. Douthit, '72, is a medical [illegible]chnologist at the medical Center in [illegible]plumbus.

[illegible]ental Hygiene
[illegible]elle W. Leonard, '70, is employed by [illegible].e Dept, of Human Resources at the [illegible]eorgia Regional Hospital in Augusta as [illegible]dental hygienist.
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[illegible]everly A. Wells, '74, is a dental [illegible]/gienist in North Augusta, S.C.
[illegible]izabeth A. Roos, '74, is working in [illegible]tlanta as a dental hygienist.
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[illegible]gical Therapy
27 pa[illegible]**ase Folden,** '73, is working as a key said. [illegible]herapist in Michigan in an [illegible]l.

Imp[illegible]

Projected enrollment[illegible]ing as an to Dr. Hickey, is to have 9[illegible] dates for each graduating class [illegible] 1983. In the next 10 years, these increases will make it possible for both Georgia dental schools to increase the number of dentists in the State from the one to every 3,000 persons to the national average of one dentist for every 1,682 persons.

If these graduates are also trained to work in a team, to provide modern preventive services and above all to treat people, as well as teeth, Georgia might well become the vanguard of the nation in dental health.□

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Without who w wo

Medicine

James H. Segars, '55, is Chief of Staff at Caldwell Memorial Hospital in Lenoir, N.C. He is also a member of N.C. State Medical Society nominating committee.

Jackson G. Crowder, '61, is now practicing internal medicine in Columbus.

Luther E. Brown, '65, is a Lt. Colonel in the Medical Corps and is presently serving as chief of ophthalmology service, Second General Hospital in Landstichl, Germany.

R. Mark Wilkiemeyer, '66, joined Dr. William L. McDougall in July 1974 in the practice of urology at 3250 Howell Mill Road, N.W., Atlanta.

Charlotte Thames Cox, '67, passed the specialty boards in 1973 to become a Diplomate of American Board of Obstetrics and Gynecology, and she recently became a Fellow in the American College of Obstetricians and Gynecologists.

Carol F. Meyer, '67, is now a diplomat of the American Board of Allergy and Immunology a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics.

Thomas Keith, '68, has just accepted the position as anesthesiologist on the staff at Hall County Hospital. He and his wife, Donna, have two children; Bonnie, 6; Susan, 3; and they reside at Lanier Woods North.

Major Charles W. Nixon, Jr., '69, has been assigned to George AFB, Calif. He is the son of Mr. and Mrs. Charles W. Nixon, Sr. of LaGrange.

Louis Spear, '69, is the new radiologist at Hall County Hospital in Gainesville. He and his wife, the former Miss Angela Green of Gray, reside with their three-year-old, Louis, Jr., at Lanier Woods North.

Tom Jordan, '70, has joined practice in psychiatry with **Jack Bates,** '63, and **John Garland,** '64, located in the Lanier Building at 500 Spring Street, S.E. in Gainesville. Mrs. Jordan is the former Connie Guinn of Augusta and they have one daughter, Jennifer, 5.

J. Dorsey Smith, '70, was recently discharged from the Army as a major and is now in Family Practice in Metter. He and his wife, Pam, have two children, Matt and Eric.

Martin T. Bailey, '70, completed a residency in Internal Medicine in June 1973 at the University of Ala. Hospitals & Clinics in Birmingham. He is presently a cardiology fellow at the same institution. He and his wife, Peggy, have two children, Brad, 1½ mos. and Alison, 2 years old.

Major William S. Harris, '71, arrived at Dyess AFB, Texas for his first active duty assignment. He is an obstetrician and gynecologist at the USAF Hospital. Dr. Harris is the son of Mrs. W. E. Harris of Carrollton.

Judy I. Orosz has completed a pediatric residency at T. C. Thompson Children's Hospital in Chattanooga, Tenn. where she served as chief resident during 1973-74. She is now in private practice of pediatrics in Cartersville.

Philip Bates Bailey, '72, announces the birth of a daughter Natalie Dell Bailey on August 8. He will be on active duty on the USS Tavawa currently being constructed in Pascagoula, Miss.

Howard C. Derrick, III, '72, is a first year resident in general surgery at Baylor University Medical Center in Dallas, Tex.

Nursing

Maidana K. Nunn, '58, has been accepted as a member of the American Nurses Association's Council of Advanced Practitioners of Psychiatric-Mental Health Nursing.

Carol J. Bell, '64, of Copperhill, Tenn., was married to William H. Rauckmann of Colorado Springs, Col. on March 23 at the Denver Baptist Temple. Prior to her marriage, Mrs. Rauchmann was employed by Children's Hospital in Denver.

Joyce Ferrell, '64 and her husband, **Lynn** (Med '63) traveled over 6,000 miles out west this summer with their three children. They especially enjoyed Yellowstone National Park and Expo '74.

Carolyn Starling Fox, '66, is a nursing coordinator for family planning here in Augusta.

Betty Farren Pond, '66, and her husband, Joe, announce the birth of their third child, Julie, who was born on Feb. 28. Betty is staying home and taking care of Julie and her two sisters, Cathy, 6, and Cheri, 5.

Ellen S. Goodrich, '67, and her husband, Samuel M. (Med. '61) have one child, Jason Alexander and are expecting their second in December.

Jane Stump Jones, '67, and her husband Raymond announce the birth of a baby girl, Elizabeth Anne, on August 13.

Judith M. Glover, '68, is employed at Talmadge Hospital as a R.N. IV.

Judith B. Inabinet, '68, is employed with the S.C. Dept. of Health and Environmental Control as a program nurse specialist for the Bureau of Maternal and Child Care.

Meg J. Pilgrim, '68, is singing with the Augusta Opera Association this year. She is enjoying gardening and staying home with her 14 month old daughter, Mitzi.
Dorothy B. Doughty, '69, is working as a clinical specialist at Kennestone Hospital in Marietta.
Margaret K. Murphy, '69, is employed at MCG and is a assistant professor in the School of Nursing.
Merrilyn Harden McNatt, '70, and her husband, Terry announce the birth of a daughter, Katheryn Elaine, on April 27.
Cathey Stitt, '70, is presently completing a Master of Science degree in Committee Health Nursing at the University of Colorado in Denver.
Linda A. Ellis, '72, is working at MCG as assistant professor and chairman of the Department of Mental Health-Psychiatric Nursing.
Susan R. Rogers, '73, is working as a staff nurse in labor and delivery at Athens General Hospital.
Gladys C. Clarke, '74, is a psychiatric nurse consultant at Northwest Georgia Regional Mental Health Center.
Molly Cochran, '74, is head nurse at Georgia Baptist Hospital in Atlanta.
Norma K. Cox, '74, works as an Administrative Day Supervisor at Doctor's Hospital in Augusta.
Glennis R. Funderburg, '74, is a staff nurse at University Hospital in Augusta.
Diane L. Gottschalk, '74, is employed at Doctor's Hospital in Augusta as a staff RN.
Rosemary T. Harrison, '74, is employed as a public health nurse at Gracewood State School and Hospital Evaluation and Rehabilitation Center.
Elizabeth A. Hormick, '74, is employed with Georgia Baptist Hospital School of Nursing as an instructor in Fundamentals of Nursing.
Frankie A. Plunkett, '74, is a staff nurse at University Hospital in Augusta.

Dentistry

Robert H. Ackerman, '73, is employed by MCG and working in the Department of Periodontics.
Joseph D. Adams, '73, is enjoying his dental practice in Waycross and he and his wife, Hila, are expecting their third child in October.
Charles T. Graham, '73, has set up his dental practice in Waycross.
David A. Owings, '73, is practicing dentistry in North Augusta, S.C.
Samuel K. Thomason, '74, is practicing dentistry in Commerce.

Graduate Studies

Jasper P. Lewis, '73, is doing medical research at the VA hospital in Augusta.
Anne Reddick Mitchum, '68, is employed by the S.C. Dept. of Health and Environmental Control as Director of the Division of Diagnostic Microbiology.
Ruth A. Winningham, '68, is the immediate past-president of the Georgia Society for Medical Technology and is the chairman of 1974 Georgia delegates to the 1974 annual meeting of the American Society for Medical Technology to be held in New Orleans.
Hugh Keith Brown, '69, has been awarded a Ph.D. in anatomy from Tulane University. He received his M.S. in anatomy from the Medical College of Georgia. Dr. Brown is an instructor in the College of Medicine at the University of South Florida in Tampa.
John J. Mosca is a dental student at MCG.
John G. Lyon, '71, is an assistant professor in biomedical engineering at MCG.
Lewis J. Hinely, '72, is a medical illustrator in the developmental dental studies program here at MCG.
Clara Chen, '74, is working as a research assistant in the Protein Chemistry Lab at MCG.
James O. Kilburn, '74, is chief of Mycobacterial Drug Resestance Section at the Center for Disease Control in Atlanta.

Allied Health Sciences

Medical Record Administration
Judi P. Smith, '70, is employed with the South Georgia Medical Center in Valdosta as director of Medical Records.
Thelma T. Clark, '71, is employed with MCG as an instructor and assistant medical record administrator.
Brenda R. Ellman, '72, is assistant director of Medical Records at Georgia Baptist Hospital.
Dorothy J. Peterson, '72, is the Director of the Medical Record Department at St. Joseph's Hospital in Augusta.
Launa L. Graham, '73, is Director of the Medical Record Department at the Memorial Medical Center in Savannah.
Sheryl R. Miller, '74, is working at Memorial Hospital of Jacksonville as assistant director of medical records.

Medical Technology
Gayle W. Scott, '67, is an instructor at Augusta Tech and is also working on her masters at the University of Georgia.
Tessie B. Scott, '67, is a medical technologist at University Hospital.
Martha C. Newman, '72, is a staff technologist in automated chemistry at the Memorial Medical Center in Savannah.
Miriam G. Douthit, '72, is a medical technologist at the medical Center in Columbus.

Dental Hygiene
Delle W. Leonard, '70, is employed by the Dept, of Human Resources at the Georgia Regional Hospital in Augusta as a dental hygienist.
Dianne W. Claussen, '72, is a dental hygienist in Jacksonville.
Beverly A. Wells, '74, is a dental hygienist in North Augusta, S.C.
Elizabeth A. Roos, '74, is working in Atlanta as a dental hygienist.
Marsha A. Gordon, '74, is enjoying her job as a dental hygienest in Atlanta.

Physical Therapy
Rebecca Case Folden, '73, is working as a staff physical therapist in Michigan in an osteopathic hospital.

Radiologic Technology
Marsha L. Glover, '69, is working as an x-ray technician at MCG.
Betty A. Belcher, '71, is employed with MCG as an x-ray technician.
Linda L. Dempsey, '72, is a radiologic technologist at MCG.
Sherry White, '72, is a radiologic technologist at the VA Hospital in Augusta.
Richard S. Siler, '74, is an instructor at the Medical University of South Carolina.

Dr. Marshall Appointed V.A. Chief of Staff

Louie Frances Woodward-Marshall, '48, has been appointed chief-of-staff at the Lenwood Division of the VA Hospital in Augusta. She is the only woman holding this position in the 171 hospitals in the VA.

Dr. Marshall supervises medical care for veterans in the 940-bed Lenwood facility, plus the 40-bed nursing home care unit. A consultant to the V.A. since 1959, her full-time appointment in the system began in January of 1972 as chief of psychiatry service.

She is from Vienna, Ga., and received her A.B. from Wesleyan College in Macon in 1942. She then worked for the Carborundum Co., Niagara Falls, N.Y. in research for two years before entering medical school.

One of three women entering the then University of Georgia School of Medicine, Dr. Marshall received her degree in March 1948, the last class to be affected by World War II acceleration.

Recalling for **MCG Today,** Lou Marshall described her four medical school years as among the happiest of her "unashamed 52." She was involved in some rather momentous and important extra curricular activities such as the initiation and publication of the Aesculapain and the Cadaver. She served as president of Iota Sigma Alpha, the women's medical group which was developed during that time.

After internship and first year psychiatric residency at University Hospital, Dr. Marshall spent nine years in the Washington-Baltimore area completing her residency at Saint Elizabeth's Hospital, Washington, D.C., and Sheppard Pratt Hospital, Towson, Md., then serving on the staff of Spring Grove State Hospital, Catonsville, Md. She had a part time private practice in Baltimore sharing offices with Dr. Marion W. Mathews, Class of '40.

In May 1959 Dr. Marshall returned to Augusta as Assistant Professor of Psychiatry. For 13 years she taught almost every junior medical student during the psychiatry clerkship. She served on several committees, presently still on the Promotions Committee. In 1960 she was promoted to Associate Professor and in 1974 to Professor of Psychiatry.

On the personal side, George Marshall changed Lou's name June 24, 1961 and they have reared his three children, George Jr., Richard and Lou Ann, all of whom have been initiated to work through the Medical College at Augusta. The Marshalls have five grandchildren. No title holds more meaning for Lou than "Grandma." □

Toward Greatness

In early March key officers of the Medical College were invited to a Greater Augusta Chamber of Commerce meeting to tell the MCG story.

In its lead editorial on March 18, The Augusta Chronicle *commented on MCG's steps toward greatness and called for Augustans and others to support the medical university.*

The editorial is printed, in part, for the information of alumni of the College.

We have in our midst at Augusta an excellent—in fact, a distinctly superior —Medical College of Georgia. If the vision of the MCG president, Dr. William H. Moretz, of a substantial endowment becomes a reality, that achievement will be a substantial contribution toward making this institution a great health-services university, with not merely a national, but an international reputation.

A board of businessmen, alumni and MCG executives would administer what it is hoped will reach, during a Sesquicentennial Campaign, $3 million—and within 10 years, $20 million.

The natural question, in light of tax support, is: Why?

The answer, as many other state institutions throughout the Nation have found, is that to reach the full potential in teaching, research and service, capabilities must exceed the basic tax-supported budget. If the goal of doubling the Medical College's output of health professionals is to be reached, that means adding 400 more faculty members, and taking steps to retain outstanding present faculty members.

The institution cannot use state tax funds to recruit faculty—such things as bringing in spouses of prospective faculty members to show them that Augusta is a desirable place to live, and such things as payment of moving expenses. It does not permit all the student aid needed when with a doubling of enrollment more than half the students need financial help. It does not underwrite the research which a great school should be doing.

* * *

We have the feeling that the public fails to realize the major role the Medical College, with its 478 faculty members and more than 3,000 employes plays in this community, the area and the state. Even though the school has made great strides, we may still tend to think of it as it was 20 years ago, 10 years ago or even four years ago—since when its growth is indicated by a rise in operating budget from $22 million to $46 million. Even if we restrict our view to the local scene, the present annual payroll of $32 million, and the average annual increases of 300 employes during the past four years, should say something to us in a material way, and indicate the potential if the Medical College gains further opportunities through an adequate endowment.

The real value of the school, however, is far greater as it serves the professional health needs of our state. Its scope was indicated by heads of the component schools and services in a presentation at the most recent monthly breakfast meeting of the Chamber of Commerce of Greater Augusta. □

Internship Assignments

Fifty-four of MCG's 118 June graduates in the School of Medicine will be doing their internship within the State of Georgia. These assignments are made through the National Intern Matching Program, Dr. James B. Hudson, professor of Medicine and advisor to the program, announces.

This year 23 of the 118 graduates will stay at MCG's Talmadge Hospital. They are: James C. Blackwell, Sidney J. Bolch, Ronald N. Cook, Dennis P. Corn, James B. Davis, Donald S. Freedman, Hubert T. Greenway, Jr., William C. Heard, Joseph Hobbs, Vendie H. Hooks, Linda Ford Howell, Charles N. Hubbard, William H. Hudson, John A. Ouzts, III, Katharyn J. Ouzts, Donald C. Pratt, Harvey J. Sanders, Jr., Clark G. Simmons, Gregory V. Smith, David R. Spearman, James R. Story, Thomas M. Tamblyn, III, and Steven M. Wing, Jr.

Eleven students were matched with Memorial Hospital in Savannah. They are: Carl O. Bedingfield, Frank T. Boysia, Samuel E. Brown, James A. Campbell, Michael P. Carter, Ervin DeLoach, Robert W. Grant, Ronald F. Mann, Martha L. Mathis, Lawrence D. Odom and Ivy Lee Shuman.

Nine seniors are interning at the Medical Center in Macon. They are: Stephen J. Carlan, Charles W. Dean, Paul M. Elliott, Gail L. Lamb, Thomas W. Phillips, Alvin D. Purser, James V. Robertson, Robert F. Stahlkuppe and Richard A. Wherry.

Eight seniors are interning at the Medical Center in Columbus. They are: Charles W. Dodgen, James R. Hagler, Kathryn C. McAllister, Thomas W. Morris, Jonathan B. Roof, Jr., Douglas J. Sharpton, Ralph P. Warnock, and Howell A. Wasden.

Five were chosen to intern at Greenville General Hospital in Greenville, S.C. They are: Wesley F. Adams, Thomas W. Phillips, Carl W. Smith, Jr., Hubert R. Smith and John I. Waldrop.

Five students went to the University Hospital in Jacksonville. They are: Arthur W. Browning, Samuel A. Christian, Edward Rhett, Jr., Edward C. Watt and Walker L. Whaley.

Four graduates were matched at Grady Memorial Hospital in Atlanta. They are: Don P. Dennis, Julius T. Fulenwider, James T. Pope and Fayette Sims.

Going to the University of Alabama in Birmingham are John R. Ellington, Jr., Hugh M. Hood, Anthony L. Meyers and Michael T. Simpson.

Four graduates going to Norfolk General Hospital in Norfolk, Va. are David M. Bridges, Robert M. Camp, Jack A. Childress and Charles A. Jenkins.

John F. Edler and William E. Verross are doing their internships at Charlotte Memorial Hospital in Charlotte, N.C. while James O. Day, III and Williams H. Stephens, Jr. are at the University Hospital in Little Rock, Ark. Going to Spartanburg General in Spartanburg, S.C. are James D. Grist and Henry Hobby. Daniel G. Maico and Brenda H. Thomas are both interning at the University of Fla. Hospitals in Gainesville while Walter J. Revell, Jr. and John D. Tucker are doing their internship at the University of Southern Fla. at Tampa. Interning at the University of Ky. Hospitals in Lexington are James S. Simpson, III and Charles B. Williams, Jr.

The other graduates in the class of 1974 are doing their internships at the following hospitals; Paul W. Bandow, Winnebago State Hospital, Winnebago, Wis.; Cobb R. Barksdale, Mobile General in Mobile, Ala.; Harry J. Beecham, Baltimore City Hospital, Baltimore, Md.; Arnold I. Berlin, Meadowbrook Hospital, East Meadow, N.Y.; Ralph W. Buchanan, University Hospital, Pensacola, Fla.; Craig D. Butler, Wm. Bearmont Army Medical Center, El Paso, Tex.; Garland E. Byron, Baylor College Hospital, Houston, Tex.; Alan D. Clark, St. Mary's Hospital, Evanston, Ill.; William H. Coryell, Barnes Hospital, St. Louis, Mo.; John K. Davis, III, University of Colorado, Denver, Col.; David R. Dennison, U. S. Naval Hospital, Portsmouth, Va.; Alvin J. Dollar, St. Lukes Hospital, Denver, Col.; Joel P. Epstein, University of Mich., Ann Arbor, Mich.; Charles G. Green, Parkland Hospital, Dallas, Tex.; James L Hewitt, Hahneman Medical College Hospital, Philadelphia; Richard A. Kanter, Medical College of Va., Richmond; Michael B. Kessler, University of Ill., Chicago; Russell B. Kramer, University of Md., Baltimore; John L. Maddox, Letterman General, San Francisco; Larry P. McCord, U. S. Naval Hospital, San Diego; William A. McElveen, Tucson Hospital Group, Tucson, Ariz.; Bernard Meyer, University of S.C., Charleston; Richard L. Mingledorff, University of Tenn., Knoxville; James E. Nutt, Rochester General Hospital, Rochester, N.Y.; William H. Pullen, Baroness Erlanger, Chattanooga, Tenn.; Nathan H. Rabhan, Cincinnatti General Hospital, Cincinnati; Jack A. Rogers, Jr., Ft. Gordon Hospital, Ft. Gordon; William H. Sessions, U.S. Naval Hospital, Charleston; Shelton E. Sharpe, U.S. Naval Hospital, Bethesda, Md.; David P. Sorkey, Menninger Foundation, Topeka, Kan.; John Tatum, Shepherd Pratt Hospital, Baltimore; Alan E. Thomas, New Hanover Mem. Hospital, Wilmington, N.C.; Roger W. Tinsley, Syracuse University Hospital, Syracuse, N.Y.; James G. Wilcox, Maricopa County Hospital, Phoenix, Ariz.; and Torrence M. Wilson, Fitzsimmons Medical Center, Denver, Col.□

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